


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L23627

1. Entity Name
THE TACK ROOM INC.



Principal Place of Business Mailing Address

16108 N.W HI 225 **16108 N.W HI 225**
REDDRICK, FL 32686 US **REDDICK, FL 32686 US**

DO NOT WRITE IN THIS SPACE



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2974184 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLEN, CURTIS
16108 N.W HI 225
REDDICK, FL 32686

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC ALLEN, CURTIS 218 N. BROAD ST. BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS ALLEN, BRENDA E. 218 N. BROAD ST. BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BEAVERS, CARYL 116 BUSHNELL PLAZA BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/29/05-80001-005 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caryl E. Beavers* **CARYL E. BEAVERS** *6/29/05* *(352) 793-8003*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #